

**APPLICATION FOR CERTIFICATE OF COMPLIANCE FOR
RETAIL SALE OF CONSUMER FIREWORKS** (IC 22-11-14-4.5(e); IC

22-11-14-11)

INSTRUCTIONS: PLEASE TYPE OR PRINT INFORMATION

1. NAME OF APPLICANT: _____

2. MAILING ADDRESS: Street: _____

City: _____ County: _____ State: _____ Zip: _____

**3. APPLICANT CONTACT NAME, PHONE NUMBER, AND E-MAIL
ADDRESS (PERMIT MAY BE E-MAILED):**

**4. ADDRESS AT WHICH CONSUMER FIREWORKS (AS DEFINED IN IC 22-
11-14-1) ARE TO BE SOLD: Street:** _____

City: _____ County: _____ State: _____ Zip: _____

**5. DATE WHEN SALES LOCATION IS AVAILABLE FOR
INSPECTION** _____

6. FEE ENCLOSED: ☐ \$1,000 – First retail location
 ☐ \$ 500 – Additional tent location
 ☐ \$ 200 – Additional Class 1 structure location

7. AFFIDAVIT AND PROOF OF SALES ENCLOSED (REQUIRED FOR SALES
LOCATIONS DESCRIBED IN IC 22-11-14-4.5 (b)(1), IC 22-11-14-4.5(b)(2) OR IC 22-11-14- 4.5(c)):

☐ YES

☐ NO

8. DATE OF APPLICATION: _____

9. RETAIL MERCHANT CERTIFICATE NUMBER_____

**UNDER PENALTY OF PERJURY, THE UNDERSIGNED HEREBY CERTIFIES
THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT:**

SIGNATURE OF APPLICANT

**NOTICE: NO APPLICATION WILL BE PROCESSED UNLESS ITEMS 1-9 ABOVE
ALL ARE PROPERLY AND FULLY COMPLETED**